

MAULANA AZAD MEDICAL COLLEGE AND ASSOCIATED HOSPITALS

Assessment Report of Interns

Department : \_\_\_\_\_

Letter No. ....

Dated .....

To HOD, Dept. Physiology, MAMC

S.No	Name of the Intern*	University Enrolment No.*	Batch No.*	Period of posting as per Schedule* : From ..... To .....	Period of posting Attended From ..... To .....	No. of <i>leaves</i> taken	Satisfactory/ Unsatisfactory	<u><b>Total No. of days of repeat posting</b></u> , if any (due to unsatisfactory performance/absence without intimation/ excess leave taken etc. Kindly peruse the instructions regarding leave entitlement)

Signature of HOD .....

Official Stamp :

(\*Information is available on the MAMC website)